

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM TATE ETHICS COMMISSION

	(Type of Time Clearly)					
PART I LOBBYIST						
NAME (Last)	(First)	(Middle)	TELEPHONE			
Higa	Scott	Tadashi	808-543-2024			
MAILING ADDRESS (Street)	FAX					
7 Waterfront Plaza, 5	808-543-6403					
(City)	(State)	(Zip Code)				
Honolulu	Hawaii	96813				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE			
Honolulu Seawater A	808-543-2024					
MAILING ADDRESS (Street)			FAX			
7 Waterfront Plaza, 500 Ala Moana Blvd., Suite 400			808-543-6403			
(City)	(State)		(Zip Code)			
Honolulu	Hawaii		96813			

PART II ORGANIZAT	ION				
NAME OF ORGANIZATION Y	TELEPHONE				
Honolulu Seawater Ai	808-543-2024				
MAILING ADDRESS (Street)	FAX				
7 Waterfront Plaza, 500 Ala Moana Blvd., Suite 400					
(City)	(State)	(Zip Code)			
Honolulu	Hawaii	96813			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
William Mahlum		808-543-2024			
MAILING ADDRESS (Street)	FAX				
7 Waterfront Plaza, 50	808-543-6403				
(City)	(State)	(Zip Code)			
Honolulu	Hawaii	96813			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture		Muman Services	Science, Technology & Economic Development		
Communications & Public Utäities	Government Operation & Finance	Intergovernmental Relations, International Affairs	⊘ Tourism & Recreation		
Consumer Protection & Commerce	☐ Haweilen Affairs	🗹 Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (Indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION	ON OF LOBBYIST				
		e is, to the best of my knowled	me comed and complete		
1	41-46:		•		
	To see	1/2	6/2007		
(Signature of Lobbyist) (Date)					
PART V AUTHORIZATI	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
William Mahlum					
vvinia()) (via(liui()	President and Chief Executive Officer				
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE		
Honolulu Seawater Air Conditioning, LLC			808-543-2024		
	3 ,		000 0 10 2021		
MAILING ADDRESS (Street)			FAX		
7 Waterfront Plaza, 500 Ala Moana Blvd., Suite 400			808-543-6403		
(City)	(State)		(Zip Code)		
	•	(
Honolulu	Hawaii	96813			
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.					

(Signature of Authorizing Officer or Person Represented)

(Date)